



State Department of Education
PO Box 83720
Boise, ID 83720-0027

CIVIL RIGHTS COMPLAINT FORM

The U.S. Department of Agriculture (USDA) responds to concerns and complaints involving all USDA programs and activities. ***Anyone wishing to file a complaint may do so by writing a letter, submitting this form or providing verbal notice to the Institution or USDA in person or by telephone.***

In accordance with Federal law and the U.S. Department of Agriculture policy, institutions are prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination with the USDA, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD)

When complaints are registered with the USDA, the appropriate agency will investigate the incident to see if there has been a misunderstanding or if some corrective action should be taken. Resolution may include education, mediation and/or other problem-solving opportunities. When a complaint is made to the Institution, the Institution will forward the complaint to the State Department of Education.

Please complete the following information:

_____ Name of Complainant	_____ Name of Organization	_____ Date		
_____ Address	_____ City	_____ State	_____ Zip	_____ Phone Number

Specific Complaint: Describe in detail the issues, decisions, actions, and/or events related to this complaint. Include what happened, when, where, to whom and what witnesses were present.
(Use additional paper if necessary)

Is this complaint regarding discrimination or harassment? If so, please provide information that describes how you experienced discrimination. Specify one or more of the bases of discrimination you experienced, such as race color, national origin, sex, religion, age, or disability. If you experienced harassment, specify the type of harassment you experienced. *(Use additional paper if necessary)*

What solution do you request? *(Use additional paper if necessary)*

If possible, please provide copies of all documentation, evidence, proof or other information that supports your complaint. Review this complaint form to make sure you have included all the information provided is accurate and complete.

By signing in the space below, I affirm the information provided is true, accurate, and complete to the best of my knowledge.

Signature of Complainant

Printed Name

Date

I acknowledge receipt of the complaint. I will forward the complaint to the State Department of Education.

Signature of Institution Representative

Printed Name

Date

Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET center at (202) 720-2600 (voice and TDD).

State Department of Education/Child Nutrition Programs

Internal use only: *All complaints received on this form must be forwarded to the CACFP Coordinator, SDE, within three (3) working days.* *Date forwarded:* _____